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INTRODUCTION

- Constipation has become a major problem with increasing prevalence, especially in the current era of opioid use.
- It is often under-recognized in the hospital setting due to lack of universally accepted diagnostic criteria.
- The aim of this study is to understand the practice of prescribing laxatives among internal medicine residents at our hospital.

METHODS AND MATERIALS

- A 12-question survey was developed on laxative use in hospitalized patients.
- The survey was emailed to all internal medicine residents at Howard University Hospital in Washington, DC.
- After a two-week duration, responses and results were analyzed.

RESULTS

- A total of 81 internal medicine residents were emailed the survey, of which 55 responded.
- Among the risk factors, polypharmacy (36%) was considered as the highest risk factor for constipation compared to having chronic medical conditions, immobility, dehydration and aging.
- Although 93% of respondents were aware of the common risk factors of constipation, only 63% were cognizant of prophylactic laxative therapy.

Which post-graduate year do you belong to?
 Preliminary year PGY 1 PGY 2 PGY 3

1. How often do you use laxatives in your clinical practice?
 Very often Quite often Rarely Very rarely

2. When do you start laxative on admitted patients?
 Regardless of patient's reported symptoms/ frequency of bowel movements
 Only when patient reports symptoms of constipation
 If the patient did not have a bowel movement in 1 day
 If the patient did not have a bowel movement in 2-3 days
 If the patient did not have a bowel movement in over a week

3. Are you aware of any risk factors for constipation during inpatient stay?
 Yes No

4. If yes in Question number 3, choose the risk factors you are aware of? (You can select multiple)
 If no, skip to question 5.
 Dehydration
 Immobility/ sedentary lifestyle
 Chronic medical conditions- Diabetes mellitus, chronic kidney disease, neurological conditions
 Aging effects of colonic motility
 Certain medications- opioids/ antidepressants

5. Are you aware of prophylactic use of laxatives?
 Yes No

6. How do you usually order laxatives?
 PRN doses Scheduled doses One time, only when the nurse asks

7. Which type of laxatives do you use most often?
 Bulk-forming (Psyllium, dietary fiber, and methylcellulose)
 Osmotic (Milk of magnesia, lactulose)
 Stimulants (Bisacodyl, senna)
 Surface active agents (Docusate)

8. Do you have a low threshold for starting laxative therapy for patients on opioids?
 Yes No

9. If yes for question number 8, then which laxative do you usually use as first-line? If no, skip to question 10.
 Bulk-forming (Psyllium, dietary fiber, and methylcellulose)
 Osmotic (Milk of magnesia, lactulose)
 Stimulants (Bisacodyl, senna)
 Surface active agents (Docusate)

10. Do you generally consider contraindication to prescribing laxatives?
 Yes No

11. If yes to question 10, what are the reasons why you would not start a laxative?
 Diarrhea Obstruction Inflammatory bowel disease Toxic megacolon

12. What is your level of confidence in recognizing the need to prescribe laxative and monitoring its effectiveness?
 1- I am not confident at all
 5- I am extremely confident
 1 2 3 4 5

Image showing the laxative survey

RESULTS- Continued

- Surface active agents (docusate) was the preferred laxative (53%) while the least ordered was an osmotic agent (7%).
- More than half of the residents (55%) ordered laxatives as needed rather than as a scheduled medication. In hospitalized patients on opioid medications, 85% of respondents had a low threshold to start prophylactic laxatives, and the majority considered stimulants over osmotic laxatives (44% vs. 5.8% respectively).
- Based on sub-analysis, third years were more aware of contraindications to prescribing laxatives compared to interns and second years (83% vs. 76% & 64% respectively).
- Overall, 67% of residents were confident in prescribing laxatives in hospitalized patients.

DISCUSSION

- Based on our study, most residents were aware of risk factors of constipation but still two-thirds of them were confident in prescribing laxatives.
- Osmotic agents were least preferred among residents though there are evolving expert opinions favoring its use.

CONCLUSIONS

- Overall, we encourage future research on developing a systematic approach for managing constipation and broadening the knowledge on laxative use in the hospital setting.